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*Message from the Chair*

*The Saskatchewan Surgical Care Network (SSCN) has made significant progress towards its goal of achieving timely, appropriate care for all Saskatchewan residents. The provincial surgical wait list has decreased by more than 3,900 cases since March 2004.*

*Further progress will be achieved through new, targeted initiatives, and through fine-tuning of our comprehensive Surgical Patient Registry, which is helping health regions better match patients with available human and financial resources.*

*Our focus on reducing the number of 'long waiters' is also paying off. Last year alone, health regions succeeded in reducing the number of patients waiting more than 12 months by over 1,000 cases. We continue to work on improving access for patients who have waited longer than we would want, but we must now broaden our efforts to ensure that regions are able to provide timely surgical services for all categories of patients. We are constantly reminded of the complexity of providing quality health care. An obstacle to any of the many steps in the treatment process can have a ripple effect on the performance of the entire system.*

*Administrators and clinicians across Saskatchewan are working together to ensure optimal use of the tools developed by the SSCN. New challenges are emerging in surgical care. Provinces and territories are implementing their strategies to meet national wait time benchmarks. Innovative programs such as our provincial hip and knee pathway are taking shape. Planning is proceeding for a day surgery centre in Regina to relieve pressure on hospital operating rooms.*

*The SSCN will continue to be a national leader as it guides these and other initiatives that will improve access to surgical care services for Saskatchewan people.*

**Dr. Rob Weiler**

*Chair, Saskatchewan Surgical Care Network*

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## *Progress Report*

### *Cancer Surgery Data*

Patient Assessment Tools were revised in November to implement SSCN recommendations on target time frames for cancer surgery. Surgeons are now asked to identify whether a patient has proven or suspected invasive cancer, proven or suspected indolent cancer, or requires a screening or follow-up procedure for cancer detection.

Most cancer cases are expected to fall into the invasive cancer category, which will be Priority I and have the shortest target time frame for surgery (95% of surgeries to be done within 3 weeks). However, the change recognizes that a longer time frame will be appropriate for some slower-growing, indolent cancers (some prostate cancer cases for example) and asks surgeons to use their clinical judgment to identify them. These cases will be Priority III (90% to be completed within 3 months). Routine screening or follow up will be Priority IV (90% to be done within 12 months). Target time frames are performance goals for the surgical system.

Wait time information on cancer surgery will be posted on the SSCN web site starting with 2008-09 first-quarter data.

### *'Long Wait' Surgeries*

Resources continue to be directed towards improving surgical access, and health regions have steadily reduced the number of long-waiting patients. Specialties such as orthopaedics continue to pose the greatest challenge.

From December 2006 to December 2007, the number of patients on the Registry who have been waiting longer than a year for surgery declined by about 1,400 cases. This includes a decline of 479 in the number who have been waiting longer than 18 months. As of December 31, 2007, about 2,500 patients on the wait list had waited longer than 18 months for surgery. All but 10 were waiting for surgery in Regina or Saskatoon hospitals.

Progress on 'long waiters' is evident over a longer period of time as well. The chart below indicates that since March 2004, Saskatchewan has achieved a 58% drop in patients waiting longer than 18 months, and a 32% decline in those waiting

between a year and 18 months:

**Patients Waiting For Surgery in Saskatchewan by Time Waited to Date  
Change from March 31, 2004 to December 31, 2007**

Description:	Patients Waiting for Surgery by Time Waited to Date:				
	All Patients	Less than 6 months	7-12 months	13-18 months	Longer than 18 months
Patients Waiting at March 31, 2004	30,555	14,490	6,330	3,624	6,111
Patients Waiting at December 31, 2007	26,629	15,749	5,860	2,480	2,540
Change	-3,926	1,259	-470	-1,144	-3,571
Percentage Change	-13%	9%	-7%	-32%	-58%

**Source:** Surgical Patient Registry. February 4, 2008 data refresh.

**Note:** Includes pediatric dental patients added to the waitlist in Saskatoon. If these added patients are excluded the percentage changes are -18% (All), +6% (0-6 months.), -12% (7-12 months.), -38% (13-18 months.) and -68% (>18 months.).

***Pan Canadian Wait Time Benchmarks***

In 2004, Canada's First Ministers signed a 10-year health renewal and funding agreement, and promised to work toward wait time benchmarks in five priority areas: cardiac surgery, joint replacement, sight restoration, cancer treatment and diagnostic imaging.

<b>Cardiac</b>	Coronary Artery Bypass Craft Surgery (CABG)	Level I (Emergency/Urgent) Within 2 weeks
		Level II (Semi Urgent) Within 6 weeks
		Level III (Elective) Within 6 months
<b>Sight Restoration</b>	Cataract surgery	Within 16 weeks for patients who are at high risk
<b>Hips and Knees</b>	Hip fracture fixation	Within 48 hours
	Hip replacement	Within 26 weeks (6 months)
	Knee replacement	Within 26 weeks (6 months)
<b>Cancer</b>	Radiation Therapy	Within 4 weeks of patient being ready to treat

*\* No benchmarks were set for diagnostic imaging though there is an expectation that provinces will develop their own access measures.*

*\* Screening benchmarks were established for breast cancer and cervical cancer. These benchmarks relate to participation rather than wait times.*

Saskatchewan's plan to meet these benchmarks has been received and accepted by the province's new Minister of Health. Saskatchewan is already meeting the 6-month maximum wait time benchmark for cardiac bypass surgery, and will offer a wait time guarantee in that area by January 2010. Saskatchewan is targeting to meet the cataract benchmark in 2008-09, the radiation therapy benchmark in 2009-10 and the joint replacement benchmarks in 2011-12.

Progress will be reported on the SSCN web site, [www.sasksurgery.ca](http://www.sasksurgery.ca), starting in 2008-09.

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## *New Initiatives*

### *Increasing Surgical Capacity Initiative*

A 2005-06 study on ambulatory surgery and surgical processes in Saskatchewan found that our five tertiary hospitals have limited capacity within their present infrastructures to increase surgical volumes to meet future needs and address our long-waiter backlog.

Most of the growth in future demand will be for day surgery as advances in anaesthesia and continuing development of minimally-invasive approaches make it possible to perform more procedures in less intensive settings, and make surgery a better option for more people. Continuing growth in demand is also expected for some inpatient surgery, most notably hip and knee replacements.

Regina Qu'Appelle Health Region is taking a comprehensive planning approach to ensure the best possible use of both hospital and ambulatory centre resources. It has started planning for an **Ambulatory Surgery Centre** to substantially increase its surgical capacity. The province has committed \$14 million to the project and is working with the Region on the plan. The planned centre will add three operating rooms and two procedure rooms in Regina, and is expected to open in late 2009 or early 2010.

The centre will increase the Region's capacity to perform ambulatory surgery and free up existing inpatient hospital capacity to accommodate more complex day surgeries and inpatient cases which require full operating room and post

surgical support. The ambulatory centre model includes pre- and post-operative care and instrument processing capabilities, and incorporates a more efficient, patient-centered process made possible by a dedicated facility. Ambulatory Surgery Centres are estimated to be 20% to 30% more efficient than day surgery centres operating within hospitals.

### *Implementation of New Hip and Knee Pathway*

In December 2005, First Ministers announced wait time benchmarks for several surgical procedures. Like other provinces, Saskatchewan committed to developing and executing a plan to meet these pan Canadian benchmarks. The benchmark for hip and knee replacements is six months. Although Saskatchewan performs these procedures at similar or higher rates than other provinces, we have relatively long waits and a backlog of patients who have already waited longer than 6 months for surgery.

Studies show that three major factors contribute to increased incidence of joint replacement - age, osteoarthritis and obesity - and that all three factors are on the increase in Saskatchewan.

The increasing need for joint replacements necessitates development of policies and pathways that encourage learning and improve the efficiency of health care services. The SSCN provided the foundation for this process, in part by developing a framework for addressing the surgical urgency of patients.

Recent forecasts based on 2006-07 data show that to achieve the six-month hip and knee surgery wait time benchmark by the end of 2011-12, Saskatchewan will have to perform 1,500 to 2,300 more joint replacements over this time period than would be performed by continuing at 2006-07 levels.

A new hip and knee pathway has been developed to improve access, flow and patient satisfaction and enable the treatment of more patients, while maintaining high standards of service. The pathway will streamline the patient's journey from family physician to post-surgery rehabilitation. It is based on best practices and includes new referral forms, a new intake process through a multi-disciplinary clinic, new pre- and post-educational processes, new ward flows and dedicated OR times and beds.

Pathway implementation is in preliminary stages, and is expected to be completed by the end of 2008.

### *Prostate Cancer Education Pathway in Development*

The Canadian Cancer Society's *Cancer Statistics 2007* report shows that prostate cancer is the most commonly diagnosed cancer among Canadian males. Although common, the disease can be more or less aggressive, necessitating a variety of treatment approaches. Currently, urologists spend a significant amount of time educating patients and their families on disease progression and treatment options.

Since there is no standardized educational program for men with newly diagnosed prostate cancer, patients may seek information from other sources - the Internet, support groups, family or friends.

To provide men and their families with standardized and comprehensive information, a **Prostate Cancer Education Pathway Working Group** has been created. It includes urologists, radiation oncologists, hospital administrators, nurse educators, Canadian Cancer Society members and patient representatives.

The working group will guide development of a standardized **Provincial Prostate Cancer Education Pathway** based on empirical evidence. This includes consultation on development of educational materials, implementation strategies and patient feedback tools. The pathway will also allow urologists to devote more time to effectively addressing individual patient concerns.

### *Work Begins on New Spine Care Pathway*

The Surgical Services Subcommittee recommended creation of a provincial **Spine Care Pathway** for patients awaiting spine surgery. A group of neuro and orthopedic surgeons developed a project framework, and their team has now expanded to include administration, nursing and therapies.

The proposed pathway will help standardize referral and assessment, and encourage improved patient flow and outcomes and better evaluation of treatment methodologies. The pathway features two treatment options – surgical treatment (with pre-surgical rehabilitation and education) and medical management. It includes chronic pain management for patients following surgery.

Telehealth may be used to provide some assessment, education and follow-up for clients close to their home communities.

### *Surgical Information System (SIS)*

The introduction of a new Surgical Information System to replace paper-based and outdated computer systems in six regions was announced on September 29, 2006. Six health regions (Five Hills, Sunrise, Prairie North, Cypress, Prince Albert Parkland and Saskatoon) are working with the Ministry of Health to change current processes and systems to a common information system. Regina Qu'Appelle Health Region is participating but is not currently part of the implementation plan.

The Surgical Information System promotes an improved quality of patient care through efficient planning, delivery and monitoring of surgical scheduling and resources. The SIS provides comprehensive, integrated decision support for surgical wait list management, scheduling, charting and surgical supply chain management. A major part of implementation is integration with the Surgical Patient Registry.


In collaboration with the health regions, common business processes and data standards have been established. Initial implementation is scheduled for fall 2008 in Prince Albert Parkland Health Region, to be followed by the other four mid-sized regions and Saskatoon Health Region.

By improving the data exchange between health regions, surgeons' offices and the patient registry, the SIS will support improved wait time management, better use of resources, and future integration with the Electronic Health Record.

### *Regions Work on Wait List Management*

Health regions continue to refine wait list management practices:

- Regions receive monthly reports that show patients who have waited longer than SSCN's target time frames. Identifying "long waiters" helps regions and surgeons direct resources more appropriately, and earn additional funding through the Surgical Incentive Fund.
- A new version of the Surgical Patient Registry has been released. It includes two training tutorials that can help surgeons and their staff use Registry reports to monitor and manage their patients' wait times.

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- Regional OR managers are sharing experiences and “best practices” through Registry Operations Advisory Subcommittee (ROASC) meetings. This process helps identify common challenges and solutions.

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### *Thank You!*

The SSCN would like to thank the many surgeons who provided feedback on proposed changes to the cancer question for the Clinical Priority Scoring Tools. Physician input and feedback is an essential component of enhancing Saskatchewan’s groundbreaking Surgical Patient Registry.

**For more information, visit: [www.sasksurgery.ca](http://www.sasksurgery.ca) or contact:**  
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